Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5/11/2007</u>	Address:	Rockport Rd
Case #;	<u>33-27871</u>		Bloomington, IN
County:	Montoe		
Type of Laboratory Scizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Scizure Location (c Residence Outbuilding Vehicle	heck all that apply) If the interpolation in the i
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Open air			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
\square Yes $\underline{0}$ ()	r age 18 discovered (check one) number present) port to Child Protective Services	Ephedrine Retail/Me	EInformation Pseudoephedrine Tracking Log erchant Tip vate citizen
This report is to be faxed to the following agencies that serve the location:			
Fire Departr	nent: Perry Twp FD	Fax: Hand delivered	
Health Department: Monroe Co		Fax: <u>Hand delivered</u> Fax:	
Child Protection Service;			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Jon Patrick Phone 332-4411			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.